PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1 1	RATE	FEE	
BASIC FEE								ı		345.00	OR		690.00	
то	TAL CLAIMS		/69 minus 20=			89			X\$ 9=		OR	X\$18=	1602.00	
INDEPENDENT CLAIMS 13 minus 3 = 1 / 6								X39=		OR	X78=	78aus.		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	260.00		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	3332ND		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							,	SMALL ENTITY			OTHER THAN SMALL ENTITY			
ENT A		CL REM Al	AIMS AINING TER NDMENT		H N PRI	IGHEST LUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		ΘR	<u>X</u> \$18=		
	Independent FIRST PRESE	* NTATIO	ON OF MI	Minus	PENDI	ENT CLAIM			X39=		OR	X78=		
	THOTTHESE		314 01 141	-		LIVI OLANI		,	+130=		OR	+26Ö=		
								ΑC	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
			umn 1)			olumn 2)	(Column 3)	_						
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
™	Independent	*		Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	PENDI	ENT CLAIM		▎├		,		•	•	
								Ľ	+130=	×	OR	+260=		
								AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
			umn 1)			olumn 2)	(Column 3)							
AMENDMENT C		REM Al	AIMS IAINING FTER NDMENT		N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	;	X\$ 9= ·		OR	X\$18=		
	Independent	*		Minus	***		=		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╵├╴	400					
• 1	If the entry in colu	mn 1 is l	ess than th	ne entry in colu	ımn 2. v	write "0" in co	lumn 3.	Ľ	+130=		OR	+260=	,	
**	If the "Highest Nu	mber Pr	eviously Pa	aid For" IN THE	S SPA	CE is less tha	n 20, enter "20."	" AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	****						
		Total Fee	.· 					
	Fee Code	Total # Cluims	Number Extra	X	Fee	Fee		Total
_	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101					690.00	=	(90.00
Total Claims >20	203/103	169 -20 -	89.	x		18140		1602,00
Independent Claims >3	202/102	<u>13</u> .1•	10	x		78,00	•	780.00
Mult. Dep Claim Present	204/104					2(0,00		
Surcharge	205/105	•				130,00		130,00
English Translation	139							
TOTAL FEE CALCULA	NTION					·		346 Z.o
Fees due upon filing t	he application:							
Total Filing Fees Due	= \$	3462,00						
Less Filing Fees Subm	niπed - \$			_				
BALANCE DUE	= \$ <u>3</u>	462.00		_				
Office of Initial Patent	Examination							